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Latest research findings

The Impact of Secondary Schooling in Kenya: A Regression Discontinuity Analysis

Owen Ozier [1] estimates the impacts of secondary school on human capital, occupational choice, and fertility for young adults in Kenya. The probability of admission to government secondary school rises sharply at a score close to the national mean on a standardized 8th grade examination, permitting the estimation of causal effects of schooling in a regression discontinuity framework. The analysis combines administrative test score data with a recent survey of young adults to estimate these impacts. The results show that secondary schooling increases human capital, as measured by performance on cognitive tests included in the survey. For men, there is a drop in the probability of low-skill self-employment, as well as suggestive evidence of a rise in the probability of formal employment. The opportunity to attend secondary school also reduces teen pregnancy among women.

New articles and books

HIV Testing, Behavior Change, and the Transition to Adulthood in Malawi

For young adults living in countries with AIDS epidemics, getting an HIV test may influence near-term decisions, such as when to leave school, when to marry, and when to have a first child. These behaviors, which define the transition from adolescence to adulthood, have long-term implications for well-being and directly affect a person's risk of contracting HIV. Using an experimental design embedded in a panel survey from Malawi, Kathleen Beegle, Michelle Poulin and Gil Shapira [2] assess how HIV voluntary counseling and testing of young adults affects these decisions. Their results show a negligible intent-to-treat effect of HIV testing on behaviors. There is some suggestive evidence, however, of a differential response by wealth and by prior beliefs about one's HIV status.

A Does Africa Need a Rotten Kin Theorem? Experimental Evidence from Village Economies

Pamela Jakiela and Owen Ozier [3] measure the economic impacts of social pressures to share income with kin and neighbors in rural Kenyan villages. They conduct a lab experiment in which they randomly vary the observability of investment returns to test whether subjects reduce their income in order to keep it hidden. The authors find that women adopt an investment strategy that conceals the size of their initial endowment in the experiment, though that strategy reduces their expected earnings. This effect is largest among women with relatives attending the experiment. Parameter estimates suggest that women anticipate that observable income will be "taxed" at a rate above four percent; this effective tax rate nearly doubles when kin can observe income directly. At the village level, we find an association between willingness to forgo expected return to keep income hidden in the laboratory experiment and worse economic outcomes outside the laboratory.

Use of Standardized Patients to Assess Quality of Tuberculosis Care: A Pilot, Cross-sectional Study

Existing studies of the quality of tuberculosis care have relied on recall-based patient surveys, questionnaire surveys of knowledge, and prescription or medical record analysis, and the results mostly show the health-care provider's knowledge rather than actual practice. No study has used standardized patients to assess clinical practice. Jishnu Das et al. [4]

undertook a pilot, cross-sectional validation standardized patient study on a convenience sample of consenting private health-care providers in low-income and middle-income areas of Delhi, India. They recruited standardized patients in apparently good health from the local community to present four cases (two of presumed tuberculosis and one each of confirmed tuberculosis and suspected multidrug-resistant tuberculosis) to a randomly allocated health-care provider. The key objective was to validate the standardized-patient method using three criteria: negligible risk and ability to avoid adverse events for providers and standardized patients, low detection rates of standardized patients by providers, and data accuracy across standardized patients and audio verification of standardized-patient recall. The team also used medical vignettes to assess providers' knowledge of presumed tuberculosis. Correct case management was benchmarked using Standards for Tuberculosis Care in India (STCI).

Quality of Tuberculosis Care in India: A Systematic Review

While Indian studies have assessed care providers' knowledge and practices, there has been no systematic review on the quality of tuberculosis (TB) care. S. Satyanarayana et al. [5] searched multiple sources to identify studies undertaken over the period 2000–2014 on providers' knowledge and practices, using the International Standards for TB Care to benchmark quality of care. Of the 47 studies included, 35 were questionnaire surveys and 12 used chart abstraction. None assessed actual practice using standardized patients. Heterogeneity in the findings precluded meta-analysis. Of 22 studies evaluating provider knowledge about using sputum smears for diagnosis, 10 found that less than half of providers had correct knowledge; 3 of 4 studies assessing self-reported practices by providers found that less than a quarter reported ordering smears for patients with chest symptoms. In 11 of 14 studies that assessed treatment, less than one third of providers knew the standard regimen for drug-susceptible TB. Adherence to standards in practice was generally lower than correct knowledge of those standards. Eleven studies with both public and private providers found higher levels of appropriate knowledge/practice in the public sector. The available evidence suggests suboptimal quality of TB care, particularly in the private sector, and that the improvement of quality of care should be a priority for India.

Value Judgments in Health Inequality Measurement

Value judgments lurk beneath the surface in any study of health inequalities; analysts ought to understand them, make them explicit, and present results transparently to policymakers so that they, rather than analysts, decide which set of value judgments should be invoked. That is the key message of the paper "Lies, Damned Lies, and Health Inequality Measurements" by Gustav Kjellsson, Ulf-G Gerdtham, and Dennis Petrie (KGP). KGP remind us that all studies of health inequalities are implicitly or explicitly based on either an absolute or relative notion of equality, and that studies involving bounded variables also involve an implicit or explicit value judgment about whether it is inequalities in attainment (e.g. health) that matter or inequalities in shortfalls (e.g. ill health). KGP emphasize that the value judgment between attainment and shortfall gets intertwined in practice with the value judgment of whether it is absolute or relative inequality that matters. In a Commentary, Adam Wagstaff [6] offers some thoughts on, and practical suggestions regarding, the two interrelated issues highlighted by KGP (absolute vs. relative inequality; and the mirror issue).

In the news

Jishnu Das's work on private schools [7, 8] is cited in a survey by The Economist on low-cost private schools.

Das's work on the quality of health care in India [4, 9] is cited in an op-ed by Pramit Bhattacharya and Dipti Jain on Live Mint entitled "The growing burden of healthcare costs: Rising healthcare costs is taking a big toll on the poor", and in a MedpageToday article on "rampant quackery" .

Berk Ozler's latest intervention in the 'worm wars' debate [10] is picked up by Tim Harford in an op-ed in Gulf News entitled "Economic data is not always about numbers: A deworming study in Kenya has economists and epidemiologists on opposing sides".

And on the blogs

On Development Impact, David Evans [11] provides an anthology of readings, data sets, code, and videos in the long-running 'worm wars'. It all began with a study on the benefits of deworming for Kenyan schoolchildren, but morphed into a debate "about the benefits of deworming more generally, about replication in science and social science, and about the evidence base for development programs." Also on Development Impact, Berk Ozler [10] – a combatant in the 'worm wars' – has another post on the subject.

Berk Ozler has a three-part series on Development Impact on interventions to improve schooling among adolescent females. Part I [12] is about increasing the returns to education for women. Part II [13] is about the effects of removing institutional constraints.

On Let's Talk Development, Adam Wagstaff [14] looks at some sobering evidence from three retrospective evaluations of at-scale programs to ask whether financial incentives in health – demand- and supply-side – are really the magic bullet we were hoping for.

On Development Impact, David Evans [15] has a nice summary of someone else's work that finds that monitoring teachers and students – without any incentive or punishment attached – improved test scores in an adult education program in Niger.

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